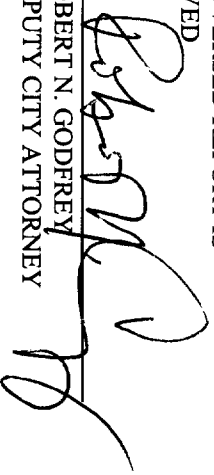


Entered - 04/26/00 - sb
CL00L0271 - MICHAEL A. REEVES

CLAIM OF: CLAUDE HARVEY,
through his insurance carrier,
Allstate Indemnity Company
P. O. Box 168288
Irving, Texas 75016

For damages alleged to have been sustained as a
result of a vehicular accident on October 20, 1999
at 1115 Ralph David Abernathy Boulevard, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

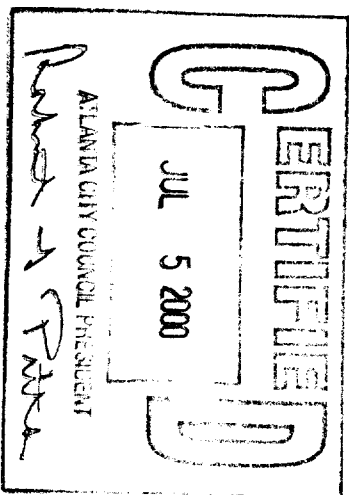
ADVERSED BY
CITY COUNCIL JUL 05 2000

ADVERSE REPORT
COM *Public's Security*

DATE *6/27/00*

CHAL *Ed T. Marklin*

Michael S. Sams



CERTIFIED
JUL 05 2000
Franklin D. Johnson
MUNICIPAL CLERK

00-R-0930



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 18, 2000

Allstate Indemnity Company
Insurance Carrier
Attn: Subrogation Claim Rep.
P.O. Box 168288
Irving, Texas 75016

00-R-0930

RE: Claude Harvey

Dear Madam/Sir:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on July 5, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0271

Date: June 12, 2000

Claimant /Victim ANTHONY HARVEY
BY: (Ins. Co.) Allstate Indemnity Company
Address: P. O. Box 168288, Irving, Texas 75016
Subrogation: Claim for Property damage \$ 7,782.69 Bodily Injury \$
Date of Notice: 04/12/00 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/20/99 Place: 1115 Ralph D. Abernathy Boulevard, SW
Department None Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges his vehicle was damaged in an accident involving a City vehicle. The investigation determined that the vehicle was owned by the State of Georgia, Department of Transportation and was driven by its employee. The claimant's insurance carrier has been advised to pursue its subrogation claim with the State of Georgia.

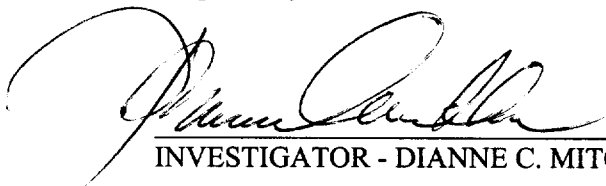
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

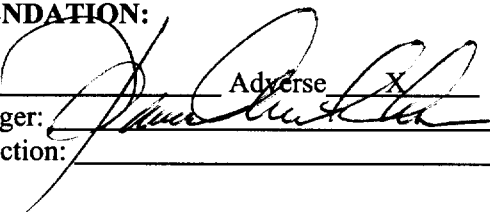
BASIS OF RECOMMENDATION:

Function: Governmental Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 06-12-00
Committee Action: Council Action

Allstate®

Reeves
04/25/00

ALLSTATE INDEMNITY COMPANY
P.O. BOX 1-8248
IRVING TX 75016

04-09-00
[Signature]

(800) 374-4242

ENTERED - 04/26/00 - tew
00L0271 - MICHAEL A. REEVES

ATLANTA CITY MUNICIPAL COURT
55 TRINITY AVE
ATLANTA GA 30335

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY PAID A SETTLEMENT WITH OUR POLICYHOLDER
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 327257
DALLAS, TX 75222-0257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

SUBROGATION CLAIM REP

ALLSTATE INDEMNITY COMPANY

CEP:G

YOUR FILE NO. : SELF INSURED
YOUR INSURED : CITY OF ATLANTA
ADDRESS : 55 TRINITY AVE.
ATLANTA GA 30335

OUR CLAIM NO. : 0094989407 FTK
OUR INSURED : CLAUDE HARVEY
LOSS DATE : 10/20/99

LOCATION :
ROR AND RESIDENT PLACE ATLANTA GA

AMOUNT OF LOSS : \$7,782.65

00-*R*-0930

RCS# 2057
7/05/00
1:38 PM

Atlanta City Council

Regular Session

_*-**

Consent Agenda pgs. 1-13

Adopt

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

YEAS: 11
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 3

NV McCarty
Y Starnes
Y Bond
B Winslow

Y Dorsey
Y Woolard
Y Morris
Y Muller

Y Moore
Y Martin
Y Maddox
Y Boazman

Y Thomas
B Emmons
B Alexander
NV Pitts

ITEM (S) REMOVED FROM
CONSENT AGENDA
00-O-0982
00-O-0996
00-R-0954
00-R-0981
00-R-0999

_*-**

07/05/00 Council Meeting	
ITEMS ADOPTED ON CONSENT AGENDA	ITEMS ADVERSED ON CONSENT AGENDA
<ol style="list-style-type: none"> 1. 00-O-0882 2. 00-O-0815 3. 00-O-0986 4. 00-O-0987 5. 00-O-0988 6. 00-O-1002 7. 00-O-0574 8. 00-O-0972 9. 00-O-0818 10. 00-R-0990 11. 00-R-0992 12. 00-R-0993 13. 00-R-0885 14. 00-R-0884 15. 00-R-0883 16. 00-R-0880 17. 00-R-0814 18. 00-R-0957 19. 00-R-0961 20. 00-R-0998 21. 00-R-0887 22. 00-R-0888 23. 00-R-0889 24. 00-R-0997 25. 00-R-0892 26. 00-R-0955 27. 00-R-0984 28. 00-R-1000 29. 00-R-0908 30. 00-R-0909 31. 00-R-0910 32. 00-R-0911 33. 00-R-0912 34. 00-R-0913 35. 00-R-0944 36. 00-R-0945 37. 00-R-0946 	<ol style="list-style-type: none"> 38. 00-R-0914 39. 00-R-0915 40. 00-R-0916 41. 00-R-0917 42. 00-R-0918 43. 00-R-0919 44. 00-R-0920 45. 00-R-0921 46. 00-R-0922 47. 00-R-0923 48. 00-R-0924 49. 00-R-0925 50. 00-R-0926 51. 00-R-0927 52. 00-R-0928 53. 00-R-0929 54. 00-R-0930 55. 00-R-0931 56. 00-R-0932 57. 00-R-0933 58. 00-R-0934 59. 00-R-0935 60. 00-R-0936 61. 00-R-0937 62. 00-R-0938 63. 00-R-0939 64. 00-R-0940 65. 00-R-0941 66. 00-R-0942 67. 00-R-0943 68. 00-R-0947 69. 00-R-0948 70. 00-R-0949 71. 00-R-0950 72. 00-R-0951